San Diego Superior Court Student Worker Program

STUDENT UNIT LOAD VERIFICATION

TO BE COMPLETED BY SCHOOL/COLLEGE ONLY

ALTERATIONS (WHITE OUT OR STRIKE OVERS, ETC.) WILL INVALIDATE FORM

Student's Name:			SSN:			
HIGH SCHOOL						
NAME OF SCHOOL:					-	
CHECK ONE:	FR SOPH		☐ JR	SR	SR	
	EXPECTED G	RADUATION DATE:				
VERIFIED BY: Reş		's Signature	-	Date		
COLLEGE/UNIV	ERSITY					
NAME OF SCHOOL:	L:					
CHECK ONE:	<u> </u>	graduate	Gradua	nte		
Current Uni		<u>-</u>				
Accumulate	d Completed Unit	s:				
Quarter			Semester			
Expected G	raduation Date:			Se	chool	
ACCREDITED BY:				\$	Seal	
VERIFIED BY:	Registrar	's Signature	Date			
AT		A SEALED TRANS		,		
STUDENT INFO	RMATION					
responsibility of each student be completed, signed, dated a the students' responsibility to	t to take the Student Un and stamped by your re have their enrollment bool, are no longer eligi	licants must be FULL-TIME st nit Load Verification form to h gistrar. Also, a sealed transcri re-verified every semester or q ble to be employed and will be	is or her respective school, co pt is required at the time of tu uarter. Full-time students wh	ollege or university. The arning in the application. no reduce their unit load to	SULV form must If employed, it is to less than full-	
best of my knowledge, I decl	are that this form has b	nd statements in this document been verified and validated by a rejection of my application an	uthorized personnel at my ed	lucation institution. I und		

Date

Student's Signature